CASEFLOW REQUEST

JD-CV-116 Rev. 1-16

STATE OF CONNECTICUT SUPERIOR COURT

www.jud.ct.gov



Instructions

- 1. Fill out all sections and file with the court.
- 2. File at least 3 days before the date of the scheduled event.

Note: If the request is granted, the court will try to schedule the event for the requested date. However, if that date is not evailable, it will be scheduled for the next available date.

Name of case (First-named plaintiff v. First-named defendant) Phillip Jack Brooks v. World Wrestling Entertain	ment, inc.	
Judicial District of	Date of request	Date of scheduled event (if applicable)
Stamford/Norwalk at Stamford	11/22/2016	Date of screenied event (in applicable)
Name of Judge who scheduled the event (if applicable)	Docket number	· · · · · · · · · · · · · · · · · · ·
	FST CV 16	- 6029332 (S)
Requested Action ("X" box(es) that app	ply and give reason(s) for request belo	
Status Conference on or about: 12/12	2/2016	
Client/adjuster to be available by phone	e for	scheduled on
Pretrial on or about	EAGUI	Date
Party to be excused from	scheduled on _	Date
Other:		
Reason(s) for request:		
Plaintiff requests that a telephonic status confer any day from Dec. 14 to Dec. 23. At a hearing on and further directed that a status conference be participation in the conference may be permitted	Sept. 12, Judge Lee directed the parties scheduled after the filing of those affida	s to file affidavits, which they have done, avits. The Court indicated that telephonic
I agree to notify my client and all counsel of redenied, and if granted, the specific ruling of the would be asking for the requested action. All	court. I have told all counsel and self-	represented parties of record that I
Consent Do not consent to the action requested above		
Signed (Person making request)	Name of attorney and juris number or Michael G. Caldwell, juris n	
The person requesting the action is the: Plaintiff Defendant	x Attorney for Plaintiff	Attorney for Defendant
Firm name (If applicable)	Address	Telephone number (with area code)
LeClairRyan, P.C.	545 Long Wharf Dr, 9th FI/New Haven C	T 06511 203-672-1636
I certify that a copy of the above was mailed or deliving sheet is attached listing the name and address of each		
Signed (Individual attorney or self-represented party)		Date
mis 6 Court		11/22/2016
Order		
Request is	Signed (Judge)	Date
Granted Denied		

ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA/

CERTIFICATION

I hereby certify that a copy of the foregoing was sent by electronic mail and by first-class mail, postage prepaid, to all counsel and pro-se parties of record in this action on this 22nd day of November, 2016, as follows:

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/s/
Michael G. Caldwell, Esq.